

Section 3: Institutional Claims and Encounters

Introduction

The ASC X12N 837 (04010X096A1) transaction is the HIPAA-mandated transaction for submitting institutional claims or encounter data. Any claim submitted on a UB-92 claim form is submitted electronically using this transaction.

This document is intended only as a companion guide to and is not intended to contradict or replace any information in the EDI Implementation Guides (*IG*). It is highly recommended that implementers have the following resources available during the development process:

- This document, *Companion Guide – 837 Institutional Claims and Encounters*
- ASC X12N 837 004010X096 Implementation Guide
- ASC X12N 837 004010X096A1 Implementation Guide Addenda

A 997 – *Acknowledgement* file will be sent to acknowledge all 837I transaction sets that are sent to ISDH. An 835 – Payment Advice will be sent for all HIPAA Compliant 837I claims. See the companion guides for these transactions on our web site for more information: <http://www.in.gov/isdh/programs/cshcs/provider.htm>

Additionally, the following stipulation should be considered when developing for the 837I:

- **ISDH will be validating at the ST-SE level. We recommend that you take this into consideration when deciding how many claims to submit within a single ST-SE as a single error will cause the entire transaction set (ST-SE) to be rejected.**

Segment Usage – 837 Institutional

The following matrix lists all segments within the 4010A1 version of the 837I IG. The ISDH Usage column indicates which segments are required, situational or not used by ISDH. A required segment element must appear on all transactions. Failure to include a required segment results in a compliance error. A situational segment is not required for every type transaction; however, a situational segment may be required under certain circumstances. Any data in a segment that is identified in the *Usage* column with an **X** is ignored by ISDH. Any segment identified in the *Usage* column as required or situational is explained in detail in the *Segment and Data Element Description* section of the document.

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	ISDH Usage R – Required S- Situational X – Not Used
ST	N/A	Transaction Set Header	R
BHT	N/A	Beginning of Hierarchical Transaction	R
REF	N/A	Transmission Type Identification	R
NM1	1000A	Submitter Name	R
PER	1000A	Submitter EDI Contact Information	R
NM1	1000B	Receiver Name	R
HL	2000A	Billing/Pay-To Hierarchical Level	R
PRV	2000A	Billing/Pay-To Specialty Information	S
CUR	2000A	Foreign Currency Information	X
NM1	2010AA	Billing Provider Name	R
N3	2010AA	Billing Provider Address	R
N4	2010AA	Billing Provider City/State/Zip Code	R
REF	2010AA	Billing Provider Secondary Information	R
REF	2010AA	Credit/Debit Card Billing Information	X
PER	2010AA	Billing Provider Contact Information	S
NM1	2010AB	Pay-To Provider Name	S
N3	2010AB	Pay-To Provider Address	R
N4	2010AB	Pay-To Provider City/State/Zip Code	R
REF	2010AB	Pay-To Provider Secondary Information	S
HL	2000B	Subscriber Hierarchical Level	R
SBR	2000B	Subscriber Information	R
PAT	2000B	Patient Information	X – deleted per addenda
NM1	2010BA	Subscriber Name	R

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	ISDH Usage R –Required S- Situational X – Not Used
N3	2010BA	Subscriber Address	S
N4	2010BA	Subscriber City/State/Zip Code	S
DMG	2010BA	Subscriber Demographic Information	S
REF	2010BA	Subscriber Secondary Information	S
REF	2010BA	Property and Casualty Claim Number	X
NM1	2010BB	Credit/Debit Card Account Holder Name	X
REF	2010BB	Credit/Debit Card Information	X
NM1	2010BC	Payer Name	R
N3	2010BC	Payer Address	X
N4	2010BC	Payer City/State/Zip Code	X
REF	2010BC	Payer Secondary Information	X
NM1	2010BD	Responsible Party Name	X
N3	2010BD	Responsible Party Address	X
N4	2010BD	Responsible Party City/State/Zip Code	X
HL	2000C	Patient Hierarchical Level	X
PAT	2000C	Patient Information	X
NM1	2010CA	Patient Name	X
N3	2010CA	Patient Address	X
N4	2010CA	Patient City/State/Zip Code	X
DMG	2010CA	Patient Demographic Information	X
REF	2010CA	Patient Secondary Information Number	X
REF	2010CA	Property and Casualty Claim Number	X
CLM	2300	Claim Information	R
DTP	2300	Discharge Hour	X
DTP	2300	Statement Dates	R
DTP	2300	Admission Date/Hour	S
CL1	2300	Institutional Claim Code	S
PWK	2300	Claim Supplemental Information	S
CN1	2300	Contract Information	X
AMT	2300	Payer Estimated Amount Due	X
AMT	2300	Patient Estimated Amount Due	X
AMT	2300	Patient Paid Amount	S
AMT	2300	Credit/Debit Card Maximum Amount	X

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	ISDH Usage R –Required S- Situational X – Not Used
REF	2300	Adjusted Re-priced Claim Number	S
REF	2300	Re-priced Claim Number	S
REF	2300	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	X
REF	2300	Document Identification Code	X
REF	2300	Original Reference Number (ICN/DCN)	S
REF	2300	Investigational Device Exemption Number	X
REF	2300	Service Authorization Exception Code	X
REF	2300	Peer Review Organization (PRO) Approval Number	X
REF	2300	Prior Authorization or Referral Number	S
REF	2300	Medical Record Number	S
REF	2300	Demonstration Project Identifier	X
K3	2300	File Note	X
NTE	2300	Claim Note	X
NTE	2300	Billing Note	S
CR6	2300	Home Health Care Information	X
CRC	2300	Home Health Functional Liabilities	X
CRC	2300	Home Health Activities Permitted	X
CRC	2300	Home Health Mental Status	X
HI	2300	Principal, Admitting, E-code, and Patient Reason for Visit Diagnosis Information	R
HI	2300	Diagnosis Related Group (DRG) Information	S
HI	2300	Other Diagnosis Information	S
HI	2300	Principal Procedure Information	S
HI	2300	Other Procedure Information	S
HI	2300	Occurrence Span Information	S
HI	2300	Occurrence Information	S
HI	2300	Value Information	X
HI	2300	Condition Information	S
HI	2300	Treatment Code Information	S
QTY	2300	Claim Quantity	S
HCP	2300	Claim Pricing/Re-pricing Information	X
CR7	2305	Home Health Care Plan Information	X

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	ISDH Usage R –Required S- Situational X – Not Used
HSD	2305	Home Care Services Delivery	X
NM1	2310A	Attending Physician Name	S
PRV	2310A	Attending Physician Specialty Information	S
REF	2310A	Attending Physician Secondary Information	X
NM1	2310B	Operating Physician Name	S
PRV	2310B	Operating Physician Specialty Information	S
REF	2310B	Operating Physician Secondary Information	X
NM1	2310C	Other Provider Name	X
PRV	2310C	Other Provider Specialty Information	X
REF	2310C	Other Provider Secondary Information	X
NM1	2310D	Referring Provider Name	X – deleted per addenda
PRV	2310D	Referring Provider Specialty Information	X – deleted per addenda
REF	2310D	Referring Provider Secondary Information	X – deleted per addenda
NM1	2310E	Service Facility Name	X
PRV	2310E	Service Facility Specialty Information	X
N3	2310E	Service Facility Address	X
N4	2310E	Service Facility City/State/Zip Code	X
REF	2310E	Service Facility Secondary Information	X
SBR	2320	Other Subscriber Information	S
CAS	2320	Claim Level Adjustment	S
AMT	2320	Payer Prior Payment	X
AMT	2320	Coordination of Benefits (COB) Total Allowed Amount	X
AMT	2320	Coordination of Benefits (COB) Total Submitted Charges	X
AMT	2320	Diagnosis Related Group (DRG) Outlier Amount	X
AMT	2320	Coordination of Benefits (COB) Total Medicare Paid Amount	X
AMT	2320	Medicare Paid Amount – 100%	X
AMT	2320	Medicare Paid Amount – 80%	X
AMT	2320	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount	X
AMT	2320	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount	X

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	ISDH Usage R –Required S- Situational X – Not Used
AMT	2320	Coordination of Benefits (COB) Total Non-covered Amount	X
AMT	2320	Coordination of Benefits (COB) Total Denied Amount	X
DMG	2320	Other Subscriber Demographic Information	X
OI	2320	Other Insurance Coverage Information	X
MIA	2320	Medicare Inpatient Adjudication Information	X
MOA	2320	Medicare Outpatient Adjudication Information	X
NM1	2330A	Other Subscriber Name	X
N3	2330A	Other Subscriber Address	X
N4	2330A	Other Subscriber City/State/Zip Code	X
REF	2330A	Other Subscriber Secondary Information	X
NM1	2330B	Other Payer Name	X
N3	2330B	Other Payer Address	X
N4	2330B	Other Payer City/State/Zip Code	X
DTP	2330B	Claim Adjudication Date	X
REF	2330B	Other Payer Secondary Identification and Reference Number	X
REF	2330B	Other Payer Prior Authorization or Referral Number	X
NM1	2330C	Other Payer Patient Information	X
REF	2330C	Other Payer Patient Identification Number	X
NM1	2330D	Other Payer Attending Provider	X
REF	2330D	Other Payer Attending Provider Identification	X
NM1	2330E	Other Payer Operating Provider	X
REF	2330E	Other Payer Operating Provider Identification	X
NM1	2330F	Other Payer Other Provider	X
REF	2330F	Other Payer Other Provider Identification	X
NM1	2330G	Other Payer Referring Provider	X
REF	2330G	Other Payer Referring Provider Identification	X
NM1	2330H	Other Payer Service Facility Provider	X
REF	2330H	Other Payer Service Facility Provider Identification	X
LX	2400	Service Line Number	R
SV2	2400	Institutional Service Line	R
SV4	2400	Prescription Number	X – deleted per addenda

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	ISDH Usage R –Required S- Situational X – Not Used
PWK	2400	Line Supplemental Information	X
DTP	2400	Service Line Date	S
STP	2400	Assessment Date	X
AMT	2400	Service Tax Amount	X
AMT	2400	Facility Tax Amount	X
LIN	2410	Drug Identification – <i>New segment per addenda</i>	X
CTP	2410	Drug Pricing – <i>New segment per addenda</i>	X
REF	2410	Prescription Number	X
NM1	2420A	Attending Physician Name	X
PRV	2420A	Attending Physician Specialty Information	X – deleted per addenda
REF	2420A	Attending Physician Secondary Information	X
NM1	2420B	Operating Physician Name	X
PRV	2420B	Operating Physician Specialty Information	X – deleted per addenda
REF	2420B	Operating Physician Secondary Information	X
NM1	2420C	Other Provider Name	X
PRV	2420C	Other Provider Specialty Information	X – deleted per addenda
REF	2420C	Other Provider Secondary Information	X
NM1	2420D	Referring Provider Name	X – deleted per addenda
PRV	2420D	Referring Provider Specialty Information	X – deleted per addenda
REF	2420D	Referring Provider Secondary Information	X – deleted per addenda
SVD	2430	Service Line Adjudication Information	X
CAS	2430	Service Line Adjustment	S
DTP	2430	Service Line Adjudication Date	X
SE	N/A	Transaction Set Trailer	R

Segment and Data Element Description

This section contains a tabular representation of any segment that is required or situational for the Indiana HIPAA implementation of the 837I. Each segment table contains rows and columns describing different elements of the segment.

Segment Name – The industry assigned segment name as identified in the IG.

Segment ID – The industry assigned segment ID as identified in the *IG*.

Loop ID – The loop where the segment should appear.

Usage – Identifies the segment as required or situational.

Segment Notes – A brief description of the purpose or use of the segment.

Example – An example of complete segment.

Element ID – The industry assigned data element ID as identified in the *IG*.

Usage – Identifies the data element as **R**-required, **S**-situational, or N/A-not used.

Guide Description/Valid Values – Industry name associated with the data element. If no industry name exists, this is the *IG* data element name. This column also lists in **BOLD** the values and/or code set to be used.

Comments – Description of the contents of the data elements, including field lengths.

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	N/A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Beginning of Hierarchical Transaction
Segment ID	BHT
Loop ID	N/A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Transaction Type Identification
Segment ID	REF
Loop ID	N/A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Submitter Name
Segment ID	NM1
Loop ID	1000A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Submitter EDI Contact Information
Segment ID	PER
Loop ID	1000A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Receiver Name
Segment ID	NM1
Loop ID	1000B
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing/Pay-To Provider Hierarchical Level
Segment ID	HL
Loop ID	2000A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing/Pay-To Specialty Information
Segment ID	PRV
Loop ID	2000A
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing Provider Name
Segment ID	NM1
Loop ID	2010AA
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing Provider Address
Segment ID	N3
Loop ID	2010AA
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing Provider City/State/Zip Code
Segment ID	N4
Loop ID	2010AA
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing Provider Secondary Identification
Segment ID	REF
Loop ID	2010AA
Usage	Required
Segment Notes	One instance of this loop is required to use G2-Provider Commercial Number.
Example	REF*G2*123456~

Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier G2 – Provider Commercial Number Use G2 for one instance of this loop. Other instances of this loop can be sent with other codes. See IG for list of valid codes.	Per HIPAA compliance, this loop can repeat up to 20 times. It is ISDH's rule that one of these instances must use Reference Id Qualifier G2.
REF02	R	Billing Provider Additional Identifier	When REF01 = G2 then REF02 = ISDH assigned provider id.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Segment Name	Billing Provider Contact Information
Segment ID	PER
Loop ID	2010AA
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Pay - To Provider Name
Segment ID	NM1
Loop ID	2010AB
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Pay - To Provider Address
Segment ID	NM1
Loop ID	2010AB
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Pay - To Provider City/State/Zip Code
Segment ID	NM1
Loop ID	2010AB
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Pay To Provider Secondary Information
Segment ID	REF
Loop ID	2010AB
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber Hierarchical Level
Segment ID	HL
Loop ID	2000B
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber Information
Segment ID	SBR
Loop ID	2000B
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber Name
Segment Name	NM1
Loop ID	2010BA – Subscriber Name
Usage	Required
Segment Notes	See ISDH rules below
Example	NM1*IL*DOE*JOE*X***MI*123456~

Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code IL – Insured or Subscriber	
NM102	R	Entity Type Qualifier 1 – Person 2 – Non Person Entity	
NM103	R	Subscriber's Last Name	
NM104	S	Subscriber's First Name	
NM105	S	Subscriber's Middle Initial	
NM106	N/A	Name Prefix	Not Used
NM107	S	Subscriber Name Suffix	
NM108	R	Identification Code Qualifier MI – Member Identification Number	
NM109	R	Subscriber Primary Identifier	This field is required by ISDH.
NM110	N/A	Entity Relationship Code	Not used
NM111	N/A	Entity Identifier Code	Not used

Segment Name	Subscriber Address
Segment ID	N3
Loop ID	2010BA – Subscriber Name
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber City/State/Zip Code
Segment ID	N4
Loop ID	2010BA – Subscriber Name
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber Demographic Information
Segment ID	DMG
Loop ID	2010BA
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber Secondary Information
Segment ID	REF
Loop ID	2010BA
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Payer Name
Segment ID	NM1
Loop ID	2020BC
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Claim Information
Segment ID	CLM
Loop ID	2300
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Statement Dates
Segment ID	DTP
Loop ID	2300
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Admission Date/Hour
Segment ID	DTP
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Institutional Claim Code
Segment ID	CL1
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Claim Supplemental Information
Segment ID	PWK
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Patient Paid Amount
Segment ID	AMT
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Adjusted Re-priced Claim Number
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules. This data is not used by ISDH, but, if submitted, it will be included in the 835 response.

Segment Name	Re-Priced Claim Number
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules. This data is not used by ISDH, but, if submitted, it will be included in the 835 response.

Segment Name	Original Reference Number (ICN/DCN)
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Prior Authorization or Referral Number
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Medical Record Number
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules. This data is not used by ISDH, but, if submitted, it will be included in the 835 response.

Segment Name	Billing Note
Segment ID	NTE
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Principal, Admitting, E-code, and Patient Reason for Visit Diagnosis Information
Segment ID	HI
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Diagnosis Related Group (DRG) Information
Segment ID	HI
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Other Diagnosis Information
Segment ID	HI
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Principal Procedure Information
Segment ID	HI
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Other Procedure Information
Segment ID	HI
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Occurrence Span Information
Segment ID	HI
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Occurrence Information
Segment ID	HI
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Condition Information
Segment ID	HI
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Treatment Code Information
Segment ID	HI
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Claim Quantity
Segment ID	QTY
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Attending Physician Name
Segment ID	NM1
Loop ID	2310A
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Attending Physician Specialty Information
Segment ID	PRV
Loop ID	2310A
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Operating Physician Name
Segment ID	NM1
Loop ID	2310B
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Operating Physician Specialty Information
Segment ID	PRV
Loop ID	2310B
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Other Subscriber Information
Segment ID	SBR
Loop ID	2320
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Claim Level Adjustment
Segment ID	CAS
Loop ID	2320
Usage	Situational
Segment Notes	See ISDH rules below.
Example	CAS*CO*23*66.7**CO*3*25.54~

Element ID	Usage	Guide Description/Valid Values	Comments
CAS01	R	Claim Adjustment Group Code CO – Contractual Obligations	ISDH will only be using this value. All others can be submitted but they will not be used by ISDH.
CAS02	R	Claim Adjustment Reason Code 3 – Co-payment Amount 23 - Payment adjusted because charges have been paid by another payer.	ISDH is only using these two values. All others can be submitted but will not be used by ISDH.
CAS03	R	Monetary Amount	
CAS04	S	Quantity	
CAS05	S	Claim Adjustment Reason Code 3 – Co-payment Amount 23 - Payment adjusted because charges have been paid by another payer.	ISDH is only using these two values. All others can be submitted but will not be used by ISDH.
CAS06	S	Monetary Amount	
CAS07	S	Quantity	
CAS08	S	Claim Adjustment Reason Code	
CAS09	S	Monetary Amount	
CAS10	S	Quantity	
CAS11	S	Claim Adjustment Reason Code	
CAS12	S	Monetary Amount	
CAS13	S	Quantity	
CAS14	S	Claim Adjustment Reason Code	
CAS15	S	Monetary Amount	
CAS16	S	Quantity	
CAS17	S	Claim Adjustment Reason Code	
CAS18	S	Monetary Amount	
CAS19	S	Quantity	

Segment Name	Service Line Number
Segment ID	LX
Loop ID	2400
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Institutional Service Line
Segment ID	SV2
Loop ID	2400
Usage	Required
Segment Notes	See ISDH rules below.
Example	SV2*300*HC:80019*301*UN*5~

Element ID	Usage	Guide Description/Valid Values	Comments
SV201	R	Service Line Revenue Code	
SV202	S	Composite Medical Procedure Identifier	
SV202-1	R	Product/Service ID Qualifier HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes N4 – National Drug Code format 5-4-2	ISDH only accepts these two values.
SV202-2	R	Procedure Code	
SV202-3	S	HCPCS Modifier 1	
SV202-4	S	HCPCS Modifier 2	
SV202-5	S	HCPCS Modifier 3	
SV202-6	S	HCPCS Modifier 4	
SV202-7	N/A	Description	Not used
SV203	R	Line Item Charge Amount	
SV204	R	Unit or Basis of Measurement Code DA – Days UN – Units	
SV205	R	Service Unit Count	
SV206	S	Service Line Rate	
SV207	S	Line Item Denied Charge or Non-Covered Charge Amount	
SV208	N/A	Yes/No Condition or Response Code	Not used
SV209	N/A	Nursing Home Residential Status Code	Not used
SV210	N/A	Level of Care Code	Not used

Segment Name	Service Line Date
Segment ID	DTP
Loop ID	2400
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Service Line Adjustment
Segment ID	CAS
Loop ID	2430
Usage	Situational
Segment Notes	See ISDH rules below.
Example	CAS*CO*23*66.7**CO*3*25.54~

Element ID	Usage	Guide Description/Valid Values	Comments
CAS01	R	Claim Adjustment Group Code CO – Contractual Obligations	ISDH is only using this value. All others can be submitted but will not be used by ISDH.
CAS02	R	Claim Adjustment Reason Code 3 – Co-payment Amount 23 - Payment adjusted because charges have been paid by another payer.	ISDH is only using these two values. All others can be submitted but will not be used by ISDH.
CAS03	R	Monetary Amount	
CAS04	S	Quantity	
CAS05	S	Claim Adjustment Reason Code 3 – Co-payment Amount 23 - Payment adjusted because charges have been paid by another payer.	ISDH is only using these two values. All others can be submitted but will not be used by ISDH.
CAS06	S	Monetary Amount	
CAS07	S	Quantity	
CAS08	S	Claim Adjustment Reason Code	
CAS09	S	Monetary Amount	
CAS10	S	Quantity	
CAS11	S	Claim Adjustment Reason Code	
CAS12	S	Monetary Amount	
CAS13	S	Quantity	
CAS14	S	Claim Adjustment Reason Code	
CAS15	S	Monetary Amount	
CAS16	S	Quantity	
CAS17	S	Claim Adjustment Reason Code	
CAS18	S	Monetary Amount	
CAS19	S	Quantity	

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	N/A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.